

NOTE.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

40145

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City K. C., Mo.

Registration District No. 399

Primary Registration District No. 1002

File No. 4459

Registered No. 4459

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 4337 Broadway

(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

Yrs. \_\_\_\_\_

Mos. \_\_\_\_\_

Ds. \_\_\_\_\_

How long in U. S., if of foreign birth?

Yrs. \_\_\_\_\_

Mos. \_\_\_\_\_

Ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25-1866

7. AGE

YEARS 71

MONTHS 1

DAYS 7

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Self-employed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Hugh McLaughlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

15. MAIDEN NAME Anna M. Gillick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT Mrs. Anna Walsh

(ADDRESS) 4337 Broadway

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. St. Marys

DATE Nov. 6 1937

19. UNDERTAKER J. F. O'Donnell & Co.

(ADDRESS) 732 1/2 Broadway K.C. Mo.

20. FILED Nov 5 1937 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1937 to Nov 2 1937

I last saw him alive on Nov 2 1937 Death is said

to have occurred on the date stated above, at 109 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_

Tuberculosis Pericarditis

Other contributory causes of importance:

Emphysema

3 days

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. F. O'Donnell

(Address) 732 1/2 Broadway

\_\_\_\_\_, M. D.

